REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Serial/Patent #2/5103/9					
3 Please refund the following fee(4 PAPE NUME	R	5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal	Disc.				\$
Maintenance			-		\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment				Credit De	posit A/C #:
Duplicate Payment			9		
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					·
TYPED/PRINTED NAME:				TITLE:	
SIGNATURE:				PHONE:	
OFFICE: ***********************************					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

01/05/2005 LLANDGRA 00000080 10519379

01 FC:1631 300.00 OP 500.00 OP 500.0

Kepln, Ref: 06/22/2005 PKIDWELL 0014274100 DA#:250120 Name/Number:10519379 FC: 9204 \$500.00 CR

-588.88 OP

06/22/2005 PKIDWELL 00000003 250120 10519379 61 FC:1642 400.00 DA

02 FC:1632

PTO-1556 (5/87)